



Task Force Meeting Summary

Wednesday, July 30, 2025 – 9:00 – 12:00

Attendees:

- *NCIOM staff:* Emily Hooks, Austyn Kobs, Brienne Lyda-McDonald, Michelle Ries, Ayana Simon, Patrick Tang
- *Co-chairs:* Paul Berry, Sec. Jocelyn Mitnaul Mallette, Peggy Wilmoth
- *Steering Committee:* Andréa Allard, Kayreen Gucciardo, LaShun Huntley, Kami Perez, David Sevier
- *Task Force Members:* Nick Bailey, Gerard Ball, Kat Banks, Scott Barker, Rosalie Calarco, Corey Dunn, Emiliano Enea, Rebecca Freeman, Gina Giorgio, Larry Greenblatt, Amber Gulley-Wilson, Tina Hendricks, Robin Hurley, Paul Kayye, Tatyana Kelly, Harold Kudler, Jacqueline Larsen, Howard Lattimore, Aimee McHale, Carol Meyer, Crystal Miller, Dawn Moreland, Shannon Pointer, Charlisa Powell, Kevin Rumley, Maggie Sauer, Samantha Sliney, Peter Tillman, Jose Vasquez, Lucas Vrbsky, David Webb, Karee White, Dan Wyman

[Click here for presentation slides](#)

[Click here for meeting recording](#)

This recording includes all presentations during the meeting; smaller group discussions are not included.

Welcome

Brienne Lyda-McDonald – Project Director, NCIOM

Ms. Lyda-McDonald welcomed task force participants, provided details about using Zoom, and welcomed co-chairs – Jocelyn Mitnaul Mallette - Secretary, North Carolina Department of Military and Veteran Affairs, US Air Force Veteran; Margaret Chamberlain Wilmoth - Professor, UNC Chapel Hill School of Nursing, President-Elect, Reserve Organization of America, Major General, US Army (ret); and Paul Berry, Triangle Network Senior Director, Veterans Bridge Home, Command Sergeant Major, US Marine Corps (ret).

Co-Chair Introductions

Sec. Mallette, Dr. Wilmoth, and Mr. Berry introduced themselves and highlighted their perspective on the importance of the task force.

Agenda

Ms. Lyda-McDonald reviewed the agenda for the meeting:

1. Introduction to the NCIOM & purpose and structure of the Task Force on Veterans' Health
2. Presentation & discussion: Who is a Veteran?
3. Presentation: Laying the foundation – Veterans and Veteran services in North Carolina
4. Stretch break



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5. Small group discussion: Current activities to improve Veteran services in North Carolina
6. Presentation: Learning from other states
7. Small group discussion: Brainstorming solutions
8. Meeting conclusion

Introduction to the NCIOM and Purpose of the Task Force on Veterans' Health

Michelle Ries – President and CEO, NCIOM; Brianne Lyda-McDonald – Project Director

Ms. Ries introduced the NCIOM and the type of work the organization does, as well as the purpose of the task force. Ms. Lyda-McDonald discussed the task force timeline, structure, and a summary of activities and knowledge gained from project learning phase (December 2024-June 2025).

The task force will identify actions to improve the access and experience of care in community-based health care settings for those who have served in the military/uniformed services, their families, and caregivers. The goal of this work is to address:

- Systems around community health care provision for Veterans
- Community health care provider Veteran cultural competency and capabilities related to billing common payers for Veteran care
- Health-related needs of Veteran family members and caregivers
- Veteran knowledge of health-related service availability
- Capacity of health-related services for Veterans
- Transition experiences from active duty to civilian or reserve status

Presentation: Who is a Veteran?

Sec. Jocelyn Mitnaul Mallette, Secretary, NC Department of Military and Veteran Affairs; Andréa Allard, Transition Services Director, NC Department of Military and Veterans Affairs; Margaret Chamberlain Wilmoth, Professor, UNC Chapel Hill School of Nursing

[See presentation recording at 40:00](#)

Ms. Allard discussed how “Veteran” is not a single label but depends on who’s defining it and which benefits are at issue. She walked through the VA’s statutory definition (service in the active military, naval, air, or space service and discharge under conditions other than dishonorable) and noted VA eligibility layers that can limit who actually qualifies for specific VA benefits. Only about 30% of veterans nationally use VA healthcare (about 40% in NC). There have been efforts by the VA in recent years to upgrade discharges (e.g., for those with mental health/TBI issues) to expand access. Ms. Allard emphasized the NC DMVA’s broader operational definition of a Veteran as “any person who has ever worn the uniform and sworn the oath” and NC DMVA’s mission to help veterans, families, and survivors overcome eligibility roadblocks through veteran service officers and outreach.

Dr. Wilmoth focused on Reserve and National Guard complexities. Roughly 40% of the armed forces serve in Reserve components. A 2016 law lets Reservists with at least one day of active duty call



themselves Veterans, although that doesn't automatically confer all VA benefits. Distinctions related to state active duty matter because state duty generally doesn't count toward federal benefits. She also flagged common practical barriers (e.g., frequent 179-day orders that fall short of benefit thresholds), the variety of qualifying orders (active duty for training, annual training), differing VA component rules for different benefits, and the importance of recognizing military-connected families (noting the Military Student Identifier law and NC's efforts to allow reserve/guard families to self-identify).

Presentation: Laying the foundation – Veterans and Veteran services in North Carolina

Paul Berry, Triangle Network Senior Director, Veterans Bridge Home

[See presentation recording at 57:00](#)

Mr. Berry highlighted the scope of Veteran demographics in North Carolina and the network of services available to support them. He described NCServes, which is the nation's first and only statewide coordinated care network for Veterans and their families. NCServes began in 2015 and has grown significantly, now serving over 4,500 Veterans in the first half of 2025 alone. The most common needs are housing, food, employment, utilities, benefits, and transportation, with nearly 29% of those served being women and 38.5% identifying as Black or African American.

Mr. Berry stressed the importance of accredited Veteran Service Officers (VSOs) at county and state levels for navigating complex, ever-changing benefits rules. He showcased tools like the NC Department of Military and Veterans Affairs' interactive map and resource guide, the Institute for Veterans and Military Families' "The Start" database, and VA's Geographic Distribution of Expenditures report for data-driven planning and grant writing. He also detailed key initiatives, including the Governor's Working Group, Governor's Challenge suicide-prevention program, Wake County's Lock Call Live firearms safety campaign, and regional collaborations like Western NC Veterans Purpose. Community Veterans Engagement Boards (CVEBs) across the state work to break down service silos, and the UNC Healthy Vets Community Project is working to map and improve service access statewide. Mr. Berry closed by describing the "Ask Me NC" campaign, which is designed to broadly identify Veterans or those connected to them and link them to resources.

Small group discussion: Current activities to improve Veteran services in North Carolina

Breakout groups were asked to discuss: What current activities are you participating in or do you know about that are working to improve any of the following:

- Veteran access or navigation of health care services
- Veteran health status
- Needs of Veteran caregivers or family members
- Health care provider preparedness to serve Veterans
- Other types of activities to improve the health or health care of Veterans or their family members



Summary of current activities shared by TF members:

- UNC Veteran Healthy Communities Project - work with communities and making them better places for Veterans to live and work; focus has been to decrease the risk of mental health issues and suicidality
- Brothers and Sisters - therapeutic writing. Working specifically in WNC / Eastern Band of Cherokee, different types of therapy.
- Cherokee VA events and activities:
 - Disability Claim Event (week of July 28)
 - Townhall about caregivers for Veterans (September)
 - Resource event at Cherokee Harrah Casino
 - Mobile pharmacy
 - Telehealth and IT support pilot programs
- Veterans Healing Farm – Western NC, offers a third-party area where Veterans can go and receive care / use computers and internet
- Elizabeth Dole Foundation – fills gaps in needs for caregivers; Academy of Clinical Care brings providers, caregivers, and Veterans together to make better team approach to care; Hidden Helpers Program
- Vaya Health – working to educate care managers and provider network to be able to support Veterans and family members; collaborating with VA and hospitals in catchment to identify Veterans who are inpatient to help VA connect with these individuals
- VA's Veterans Justice Program - works with county detention centers, state prisons, and federal prisons
- NC Legal Aid Veterans Law Project- social worker does an assessment and gets them connected to services
- Veteran Services of the Carolinas - cover all 100 counties in regards to call center 855-962-8387; care coordinator who can provide resources where the veteran is residing; health care navigator on staff
- VESPER research project – Led by Duke, looking at data of veterans in non-VA health care and connections between identification of veteran status in electronic health records and health outcomes
- Medicare Shared Savings Plan participation involves collection of quality measures for all patients that a health care system touches, now involves depression screening, could be linked to care for Veterans
- Governor's Institute - Veteran Support Specialist Program to help providers become more military culturally competent
- Ask Me NC Campaign – will be soft-launched at Governor's Working Group Summit in November
- Area Agencies on Aging – offer information and options counseling, can ask the question of whether people are veterans and refer appropriately



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- NC Caregiver Portal – services, family caregiver support program, Project CARE, respite services
- UNC Wilmington Nursing Program - curriculum includes courses on care and accessibility for veterans

Presentation: Learning from other states

Sec. Jocelyn Mitnaul Mallette, Secretary, NC Department of Military and Veteran Affairs

[See presentation recording at 1:52:15](#)

Sec. Mallette described her involvement in National Association of State Directors of Veterans Affairs, a network of state and territorial leaders in Veterans' affairs who share best practices. While she missed the recent southeastern regional meeting due to her confirmation hearing, she spoke individually with counterparts and found that no state appears to have a task force focused solely on Veterans' health, potentially making North Carolina the first. She highlighted examples from other states, such as South Carolina's military base task force and Florida's Office of Veteran Licensure Services, which address related but narrower issues. Drawing on shared best practices, she emphasized the importance of ongoing formal and informal listening sessions, early stakeholder engagement, clear discussion norms, flexibility in membership, using existing data to identify service gaps, and ensuring work groups transition into action beyond producing a report.

Sec. Mallette also challenged the perception that North Carolina is the “#1 state” for Veterans, noting that some choose neighboring states for better benefits. Personally invested as a third-generation, disabled Veteran, she underscored the significance of the task force's work and expressed interest in confirming NC's pioneering status before meeting the U.S. Secretary of Veterans Affairs.

Small group discussion: Current activities to improve Veteran services in North Carolina

Breakout groups were asked to begin brainstorming solutions by responding to one or more of these prompts:

- If I had a magic wand....
- I've always thought X would be helpful...
- One thing that would make my work easier is...

Summary of ideas/wishes:

- Governor proclamations:
 - Make NC the best state for Veterans
 - Align state agencies with the “ask me” campaign
- Increase knowledge and connection to services
 - Billboards/signs can
 - Disseminating information through Reserve orgs and advocacy groups
 - A navigator to help any veteran, caregivers, providers
 - 1-800 Veteran navigator line



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- Improve education about services before separation
 - Help organizations identify people that need help
 - Create app that allows Veterans to enter eligibility criteria to see what they qualify for
 - Program like Medicaid Ambassadors for Veterans
- Increase provider understanding of Veteran culture/needs and how they treat veterans based on that knowledge.
 - Integrate military culture modules into medical, nursing, and social work academic programs statewide
 - Continuing education courses
 - Mandate military cultural competency CEUs for providers who serve Veterans or bill through VA/Tricare
 - Enforce the “ask me campaign” through legislation
 - ECHO project through AHEC
 - Pilot program on Veteran-centric curriculum in school of nursing
- Improving coordination/access:
 - Care coordination across payer sources
 - Veteran peer support specialist program
 - Incentivize providers to accept VA payers by simplifying reimbursement training and reducing bureaucratic delays
 - Increasing CNA workforce
 - Decrease restrictions on CAN tasks
 - Create certification program for CNA for Veterans who want to work
 - EHR functionality (some of these issues are at federal level)
 - Telehealth access
 - Quality metrics to understand status and care
 - Payment reform for FQHCs serving Veterans
 - Integration of data between state departments
 - Gap analysis of where Veterans go to receive care
 - Improve understanding of health care needs of women Veterans
 - Dedicated Veteran health transport for areas west of Asheville
 - Increase acceptance of Tricare in rural provider settings
 - Improve access to new treatments such as hyperbaric O2
- Veteran-serving organizations:
 - Standards of care and shared definitions for organizations that provide services to Veterans
 - More consistent definition of Veteran for service qualification
 - Organizations to get training so that they are tagged as a military centered organization (see Virginia Values Veterans program)



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- Create positions for two directors at the state level that are funded permanently (see Massachusetts for similar structure)
 - State Veterans health director
 - State Veterans mental health director
- Culture change
 - Minimize stigma surrounding receiving services, especially mental health
 - For people to think of the continuum of care beginning at prevention
- Investment and increase in affordable housing across the state

Wrap-Up

Brianne Lyda-McDonald, Project Director, NCIOM

Ms. Lyda-McDonald gave a reminder of the next meeting on August 18 from 1:00-4:00. That meeting will be hybrid with both a Zoom and in-person option. The in-person meeting location is the NC Rural Economic Development Center at 4021 Cary Dr #160, Raleigh, NC 27610.